PTO/SB/17 (10-08)

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FEE TRANSMITTAL For FY 2009  Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 At Unit 3885  TOTAL AMOUNT OF PAYMENT  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 02-2448 Deposit Account Deposit Account Number 02-2448 Deposit Account Deposit Account Number 02-2448 Deposit Account See 10 Control of the show-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Credit Card Money Order Control of the See 10 Control of the See 10 Control of the See 10 Control of S			Complete if Known						
FIOR FYY 2009    Applicant claims small entity status. See 37 CFR 1.27   Applicant claims small entity status. See 37 CFR 1.27   Applicant claims small entity status. See 37 CFR 1.27   Applicant claims small entity status. See 37 CFR 1.27   AT Unit   3685   Attorney Docket No.   0465-1990PUS1	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nun	ion Number 09/592,148		Conf. No.: 5121	
Applicant claims small entity status. See 37 CFR 1.27   Art Unit 3885		¥L [	Filing Date		June 12, 2000				
Art Unit   Se85   Account begoes the provided of the provided provided by the provided of th	For FY 2009				First Named Inv	ventor 7	Tae Joon PARK		
METHOD OF PAYMENT (check all that apply)  Check	Tanahara atalah		Examiner Name	9 (	Cristina O. Sherr				
METHOD OF PAYMENT (check all that apply)  Check				<u> </u>	Art Unit	3	685		
Check Credit Card Money Order None Other (please identify):  Deposit Account Depost Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below Charge fee(s) or underpayments of fee(s)  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  ExAMINATION FEES  Fee (S)	TOTAL AMOUNT OF	F PAYMENT (\$	180.00	Attorney Docket	t No.	0465-1990PUS1			
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	METHOD OF PAYMENT (check all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	Check Credit Card Money Order Other (plcase identify):								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge any additional feets) or underpayments of feets    Credit any overpayments									
WARNING: Information on this form way become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   TEEE CALCULATION	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information materization on PTO-2028s.   FEE CALCULATION									
Application Type	WARNING: Information on this form may become public. Credit card information should not be included on this form, Provide credit card								
Application Type									
FILING FEES   Small Entity   Fee (5)   Fee (6)   Fee (									
Application Type	i. BASIC FILING,	FILING	FEES		H FEES	EXAM	NATION FEE	ES	
Utility 330 165 540 270 220 110  Design 220 110 100 50 140 70  Plant 220 110 330 165 170 85  Reissue 330 165 540 270 650 325  Provisional 220 110 0 0 0 0 0  Provisional 220 110 0 0 0 0 0 0  Each claim over 20 (including Reissues) 52 26  Each independent claims over 3 (including Reissues) 52 26  Each independent claims over 3 (including Reissues) 52 26  Each independent claims over 3 (including Reissues) 52 26  Each independent claims over 3 (including Reissues) 52 26  Each independent claims over 3 (including Reissues) 52 26  Each independent claims over 3 (including Reissues) 52 26  Each independent claims over 3 (including Reissues) 52 26  Each independent claims over 3 (including Reissues) 52 26  Each independent claims 5 6 20 0 0 PP 5 5 5 5 5 6 6  Each independent claims 6 6 0 0 0 N 7 5 6 6 0 0 0 N 7 5 6 0 0 0 0 N 7 5 6 0 0 0 0 N 7 5 6 0 0 0 0 N 7 5 6 0 0 0 0 N 7 5 0 0 0 0 0 N 7 5 0 0 0 0 0 N 7 5 0 0 0 0 0 N 7 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Application Type	Fee (\$)				Fee (		Y Fees Paid (\$)	
Design   220   110   100   50   140   70									
Plant   220   110   330   165   170   85		220							
Reissue   330   165   540   270   650   325	-								
Provisional 220 110 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Reissue	330							
2. EXCESS CLAIM FEES   Samula Entity   Fee 10 Serription   Each claim over 20 (including Reissus   520   100   Each claim over 30 (including Reissus   520   110   Multiple dependent claim over 3 (including Reissus   520   110   Multiple dependent claims   520   110   Total Claims   520   52   52   52   100    -2.00 or lip = 0   x   52   52   52   52    -2.00 or lip = 0   x   52   52   52   52   52   52    -2.00 or lip = 0   x   52   52   52   52   52   52   52	Provisional	220							
Each laim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  20 or IPP = 0	2. EXCESS CLAIM FEES Small Entity								
Each independent claim over 3 (including Reissues)  Total Claims    Setura Claims   Setura Cla									
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Pee Paid (\$)	Each independent claim over 3 (including Reissues)							110	
-20 or HP = 0 x = 0.00 Fee (3) Fee Paid (5)    Indep. Claims									
HP = highest number of total claims peak for, If greater than 20.   Independent Claims   Extra Claims   Fee   See Paid (\$)									
-3 or IP = 0 x = 0.00  The P highest number of independent claims paid for, If greater than 3.  3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets of fraction interior, See 53 U. S.C. 4(a)(1/G) and 37 CFR 1.16(c).  Total Sheets Number of each additional 50 or fraction thereof (		of total claims paid fo	r, if greater than 20.				ree (a	ree raid (\$)	
HP = highest number of independent claims paid for. If greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer  listings under 37 CFR 1.5(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(6) and 37 CFR 1.16(s).  Ital Sheets Extra Sheets Number of seach additional 50 or fraction thereof 1.5 on 1.0									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Itoal Sheets — 100 = 0									
Isitings under 37 CFR 1.52(e), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets of fraction thereof, See 55 U. S.C. 4(a)(1/G) and 37 CFR.1.16(c).  100	3. APPLICATION SIZE FEE								
sheets or fraction thereof. See 35 U.S.C. $4 (a)(1)(9)$ and 37 CFR. $116(s)$ .  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof $= \frac{Fee (s)}{0.00}$ .  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Information Disclosure Statement fee 180.00									
Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee (\$)   Fee (\$)   (0.00)									
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Information Disclosure Statement fee 180.00	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
Other (e.g., late filing surcharge): Information Disclosure Statement fee 180.00  UBMITTED BY  ## 40,953	4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
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	Signature 4	PATA C	***	R	egistration No. ,	2225	Tolor	nhone 702 205 2000	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO) to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, unduring apthemary, preparing, and surfamility the completed application from to the USPTO. Time will vary depending upon the individual case, any comments on the amount of time you equire to complete this form and/or suggestions for reducing this butter, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. and ST-60, Alexander of V.A. 2213-1460, O. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) David A. Bilodeau

(Attorney/Agent)

Date August 5, 2011